

HISTORY FACILITY PROFILE

HILLCREST CARE CTR PROVIDER #: 46G005 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 348 E 8000 S PO BOX 470 PHONE NUMBER: (801) 566-4191 TOTAL: 60
 SANDY UT 84070 PARTICIPATION DATE: 07/20/1982 CERTIFIED: 60 TYPE OWNERSHIP: PRIVATE PROPRIETARY
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 09/05/2002		LTC AGREEMENT DATES		TOTAL CERTIFIED BEDS: 60			
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TOTAL:	60	BEGINNING:	10/01/2002	18	18/19	19	ICF/MR
MEDICARE:	0	ENDING:	07/31/2003	--	----	--	-----
MEDICAID:	0	EXTENSION:					60
OTHER:	0	ADMISSION SUSPENDED:					
		SUSPENSION RESCINDED:					

CURRENT SURVEY REVISIT DATES - 10/01/2002

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
04/1999	08/2000	04/2001	09/05/2002		
	X				
X			X C	09/16/2002	STD W0108-COMPLIANCE WITH SAFETY LAWS
		X			STD W0109-COMPLIANCE WITH SANITATION LAWS
		X			STD W0112-INFORMATION IN CLIENT RECORDS KEPT CONFIDENTIAL
X		X			STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
		X			STD W0137-CLIENTS RETAIN & USE PERSONAL POSSESSIONS AND CLOTHING
		X			STD * W0189-EMPLOYEE TRAINING PROVIDED
	X	X	X C	09/30/2002	STD * W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM
		X			STD W0368-DRUGS ADMINISTERED IN ACCORDANCE WITH PHYSICIANS ORDERS
		X			STD W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
		X			STD W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
X		X			STD W0391-DRUG CONTAINERS WITH WORN, ILLEGIBLE LABELS REMOVED FROM
		X	X C	09/30/2002	STD W0426-WATER TEMPERATURE NOT TO EXCEED 110 DEGREES (F)
		X	X C	09/30/2002	STD W0434-FLOOR SURFACES PROMOTE MAINTENANCE OF SANITARY CONDITIONS
X					STD W0454-SANITARY ENVIRONMENT TO AVOID INFECTION
	X				STD W0455-PREVENTION, CONTROL, INVESTIGATION OF INFECTION
					STD W0472-FOOD SERVED IN APPROPRIATE QUANTITY

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
04/1999	08/2000	04/2001	09/05/2002		
X					K0012-CONSTRUCTION TYPE
	X				K0018-CORRIDOR DOORS
	X				K0038-EXIT ACCESS
X			X C	09/30/2002	K0046-EMERGENCY LIGHTING
	X				K0047-EXIT SIGNS
	X				K0050-FIRE DRILLS
			X F		K0054-SMOKE DETECTOR MAINTENANCE
			X C	09/30/2002	K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	09/30/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0066-SMOKING REGULATIONS
	X	X			K0069-COOKING EQUIPMENT
					K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
STANDARD	4	11	3	4
REGIONAL OFFICE FLAG (INCLUDES COPS)	1	2	1	0
HEALTH TOTAL	4	11	3	4
LIFE SAFETY CODE	4	2	6	2
LIFE SAFETY CODE + HEALTH	8	13	9	6

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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08/31/2001	UNSUBSTANTIATED
02/06/2002	UNSUBSTANTIATED
03/27/2002	UNSUBSTANTIATED
05/02/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT